



09-21-05

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PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                                                                                                                           |                                  |                                               |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                      |                                  | Docket Number (Optional)<br>03991/000K379-US0 |                         |
| Application Number<br>10/099,895-Conf. #5422                                                                                                                                                                                                              |                                  | Filed<br>March 14, 2002                       |                         |
| For A BINDING MOTIF OF A RECEPTOR                                                                                                                                                                                                                         |                                  |                                               |                         |
| Art Unit<br>1646                                                                                                                                                                                                                                          |                                  | Examiner<br>Z. C. Howard                      |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |                                               |                         |
|                                                                                                                                                                                                                                                           |                                  | <u>Fee</u>                                    | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | One month (37 CFR 1.17(a)(1))    | \$120                                         | \$ 60.00                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))   | \$450                                         | \$                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Three months (37 CFR 1.17(a)(3)) | \$1020                                        | \$                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Four months (37 CFR 1.17(a)(4))  | \$1590                                        | \$                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))  | \$2160                                        | \$                      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                |                                  |                                               |                         |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                         |                                  |                                               |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                               |                                  |                                               |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                |                                  |                                               |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet.                             |                                  |                                               |                         |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |                                  |                                               |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                     |                                  |                                               |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 51,619                                                                                                                                                               |                                  |                                               |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                                                                    |                                  |                                               |                         |
| _____<br>Signature                                                                                                                                                                                                                                        |                                  | _____<br>Date                                 |                         |
| _____<br>Lisa D. Tyner<br>Typed or printed name                                                                                                                                                                                                           |                                  | _____<br>(212) 527-7700<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |                                  |                                               |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.                                                                                                                                                                                                  |                                  |                                               |                         |

09/23/2005 TBESHAH1 00000057 10099895

03 FC:2251

60.00 OP



PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,335.00**Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/099,895-Conf. #5422 |
| Filing Date          | March 14, 2002         |
| First Named Inventor | Mark A. Guthridge      |
| Examiner Name        | Z. C. Howard           |
| Art Unit             | 1646                   |
| Attorney Docket No.  | 03991/000K379-USO      |

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims  | Extra Claims | Fee (\$)   | Fee Paid (\$) | Multiple Dependent Claims |
|---------------|--------------|------------|---------------|---------------------------|
| 72            | - 29 = 36    | x 25.00 =  | 1075.00       | Fee (\$)                  |
| Indep. Claims | Extra Claims | Fee (\$)   | Fee Paid (\$) | Fee Paid (\$)             |
| 5             | - 3 = 2      | x 100.00 = | 200.00        |                           |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
|              | - 100 =      | /50 (round up to a whole number) x               |          |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00**SUBMITTED BY**

|                   |               |                                   |                    |           |                |
|-------------------|---------------|-----------------------------------|--------------------|-----------|----------------|
| Signature         |               | Registration No. (Attorney/Agent) | 51,619             | Telephone | (212) 527-7700 |
| Name (Print/Type) | Lisa D. Tyner | Date                              | September 19, 2005 |           |                |